

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
3		/				
4		/				
5	/					
6	/					
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47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
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96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	54					
TOTAL CLAIMS	62					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS